

Damaged Document(s)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

251
1125
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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 251
Registered No. 1125

1. PLACE OF BIRTH		County <u>Gila</u> State <u>Arizona</u>	
District or Township		City <u>Miami</u>	
2. Full name of child <u>Salvador Escobedo</u>		No. <u>3011</u> <u>Shirley Short</u> St. <u>Ward</u>	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>5</u> in order of birth <u>1</u>	6. Legitimate? <u>yes</u>
8. FATHER Full name <u>Abran Escobedo</u>		14. MOTHER Full maiden name <u>Louisa Sandoz</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Miami Arizona</u> If non-resident, give place and state.	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>25</u>
12. Birthplace (city or place) <u>Durango, Mex.</u> (State or country)		18. Birthplace (city or place) <u>Durango, Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Mining</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother <u>4</u> (Taken as of time of birth of child here certified and including this child.)		21. Were precautions taken against thalimia neonatorum? <u>yes</u>	
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11 P.</u> m. on the date <u>Nov. 23</u></p> <p>Signature <u>Opal M. Brown</u> (Physician or midwife)</p> <p>Address <u>Miami, Arizona</u></p> <p>Given name added from a supplemental report <u>3011</u></p>			